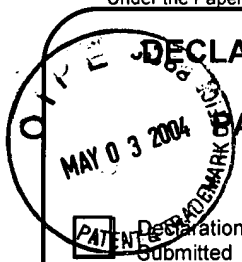


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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	47969.0002
First Named Inventor	Knowlton et al.
COMPLETE IF KNOWN	
Application Number	10/707,379
Filing Date	December 9, 2003
Art Unit	not yet assigned
Examiner Name	not yet assigned

I hereby declare that:

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I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM FOR DISINFECTING SHOPPING CARTS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/9/03 as United States Application Number or PCT International

Application Number 10/707,379 and was amended on (MM/DD/YYYY) (if applicable).

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				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number: 25928 OR ☐ Correspondence address below

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Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

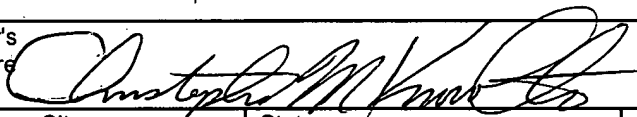
(first and middle [if any])

Christopher M.

Family Name

or Surname

Knowlton

Inventor's
Signature

Date

1-8-04 *Cmk*

Residence: City

Pinehurst

State

NC

Country

USA

Citizenship

USA

Mailing Address

P.O. Box 5449

City

Pinehurst

State

NC

ZIP

28374

Country

USA

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Robert J.

Family Name

or Surname O'Hara

Inventor's
Signature

Date

Residence: City

Pinehurst

State

NC

Country

USA

Citizenship

USA

Mailing Address

P.O. Box 1550

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Pinehurst

State

NC

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28370

Country

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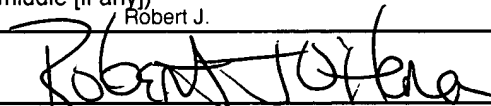
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Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 25928		<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
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Country	Telephone	Fax	
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Christopher M.		Family Name or Surname Knowlton	
Inventor's Signature			Date
Residence: City Pinehurst	State NC	Country USA	Citizenship USA
Mailing Address P.O. Box 5449			
City Pinehurst	State NC	ZIP 28374	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert J.		Family Name or Surname O'Hara	
Inventor's Signature 			Date 2/22/04
Residence: City Pinehurst	State NC	Country USA	Citizenship USA
Mailing Address P.O. Box 1550			
City Pinehurst	State NC	ZIP 28370	Country USA
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Supplemental Sheet

Page 1 of 1

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First Named Inventor

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COMPLETE IF KNOWN

Application Number

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Filing Date

December 9, 2003

Art Unit

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Examiner Name

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Name			
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Inventor's Signature			Date
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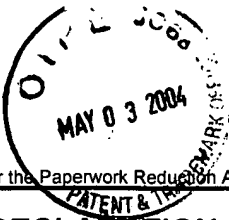
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Supplemental SheetPage 1 of 1

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Michael J.		Roden	
Inventor's Signature 		Date <u>12-28-03</u>	
Prescott Residence: City	AZ State	USA Country	USA Citizenship
P.O. Box 12290 Mailing Address			
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Prescott City	AZ State	86301 Zip	USA Country
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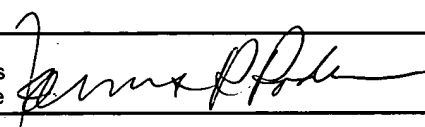
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Mailing Address P.O. Box 5449			
City Pinehurst	State NC	ZIP 28374	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert J.		Family Name or Surname O'Hara	
Inventor's Signature			Date
Residence: City Pinehurst	State NC	Country USA	Citizenship USA
Mailing Address P.O. Box 1550			
City Pinehurst	State NC	ZIP 28370	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael J.		Roden	
Inventor's Signature		Date	
Prescott Residence: City	AZ State	USA Country	USA Citizenship
P.O. Box 12290 Mailing Address			
Mailing Address			
Prescott City	AZ State	86301 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James R.		Roden	
Inventor's Signature 		Date 12-22-03	
Scottsdale Residence: City	AZ State	USA Country	USA Citizenship
5869 East Ironwood Drive Mailing Address			
Mailing Address			
Scottsdale City	AZ State	85262 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.